Rex is a 44 year old, black, married male, born May 22nd, 1971. Rex currently resides in Lakeland, Florida. He has worked as a police officer for the last four years and makes on average $42,000 per year. Rex describes himself as a "damn good police officer," and states that he has the conditioning and resilience necessary for the profession. He owns the home he resides in, and currently resides there by himself. He describes the neighborhood as "working class," where he "probably makes more than the neighbors." Rex has been referred by a qualified mental health professional upon being found "unfit for duty" in the Fitness For Duty Evaluation at his place of employment in April of 2015. The Evaluation was initially recommended due to a series of incidents at his place of employment. The first incident is dated January 8th, 2015 and describes a citizen complaint of abuse of force. The Evaluation states that Rex has displayed erratic behavior, aggression towards co-workers and civilian population, unwillingness to follow protocol, frequent tardiness, and alcohol intoxication. Rex states that he "feels angry all the time." He admits to frequent alcohol use, which he describes as ranging anywhere from "a few drinks" to "half a bottle," a day. He states that he drinks because it helps him relax. Rex states he is "constantly on edge," and has a difficulties sleeping for more than four consecutive hours. He has made no previous attempts to resolve the presenting problems and has no previous involvement with social agencies for assistance. As a result, the Fitness For Duty Evaluation is the only available diagnostic report to date.

Rex arrived for the interview on time, wore dress slacks and a polo shirt, no visible jewelry aside from a wedding ring. He states that he is 6'2" and weighs 215 pounds. He runs five miles a day and has a personal gym at his place of residence. No

problems with memory, thinking, speech, or sense of reality were detected during the interview. Rex reports that he grew up as a single child in a stable household. He states that his parents stayed married until mother's demise when he was 34 years old. He also states that his mother was primary caregiver due to father's military commitment and being stationed overseas. Father currently lives in New Jersey and they speak on the phone on average once a month. Rex states that he has an uncle in North Carolina whom he hasn't spoken to "in years," and a couple of cousins he hasn't seen since he was 16 years old. He has no knowledge of mental health illness or substance abuse in family history. Rex states that his father drinks "on occasion." Rex is married with one child (daughter age 9), and currently separated from spouse who has custody of child. He reports that he spends every weekend with his daughter at his place of residence.

Rex entered US Army after graduating High School. He states that, at the time, the military was the best occupational option due to history of family members in military and self-report of lack of opportunities as black male coming from a poor and rural background. He reports he did well in school but lacked resources and GPA needed in order to obtain funding to attend any higher level of education. After receiving an honorable discharge in 2010, Rex entered the Police Basic Training Program. He is currently suspended from his place of employment until the goals for restoration to fitness are met. Rex states that his mother was deeply religious person who took him to church every Sunday. He was christened into Baptist faith but is currently non-practicing. He reports gradual loss of faith during the time in military. Rex is generally in good health, although he complains of inability to sleep and frequent headaches. He has

consulted with his primary care physician, and underwent a sleep study and a physical examination. The primary care physician has diagnosed him with migraines (346.10) and insomnia (780.52), as well as elevated blood pressure without diagnosis of hypertension (796.2). Rex has a prescription for 10mg of Ambien to be taken at bedtime, which he does not use. He states that he wakes up after a few hours anyway, and that it makes him "feel like a zombie." Rex also has a prescription for 800mg of Motrin for the migraine, which he does use, but states that "it doesn't always work." He reports that he has been drinking since he was in High School and that he drank while on active duty in US Army. He states that, "everybody drank." Rex states that he has made no new friends since his military discharge. He keeps in contact with friends he made in military. He states, "They call me, a couple of guys, maybe once a week, just to bitch about stuff." He names his wife as a primary source of social support, but says they have not communicated extensively since she moved out of their joint place of residence. When asked about hobbies, he describes a satisfaction with being able to work with his hands. He has a work space in his garage where he makes furniture by hand. He states that he likes to read, listen to music, and watch movies. He claims to need no assistance with basic life necessities since his suspension from work is a paid suspension. He expresses some concern about the possibility of divorce and the entailing cost. He has no current legal concerns. When asked about leaving military service, he states that he "stopped enjoying it a long time ago." He states that he has seen and done "some horrible things," while on active duty. When asked, he admits to having reoccurring dreams of combat and frequent flashbacks. He names no coping techniques when it comes to stress in his current

employment. He states, “At first I get angry, you know? And then I just say, fuck it. Who cares?” Rex accepts the fact that he is in need of treatment.

Rex appeared older than his stated age. His dress was appropriate for the setting and his grooming was adequate. He was cooperative in the interview process, answering all questions politely. His mood varied between resigned and defensive. His affect was appropriate to content. He was reasonably distressed over his current situation. His rate of speech was normal and his tone average throughout the interview. He demonstrated proper insight as to his own actions and how they contributed to his situation. He denied both suicidal and homicidal ideation. He did not deny having exaggerated stress responses. He did not deny alcohol use. He has consented to PTSD screening and upon administration of PCL-5 with LEC-5, his primary diagnosis is Posttraumatic Stress Disorder (309.81) with delayed expression, with a secondary diagnosis of Alcohol Use Disorder (303.90).

Upon reviewing the information obtained in the interview, the initial course of treatment is four to six sessions of Client Centered Therapy, with an intent of establishing a good working relationship with the client. The Client Centered Therapy assumes that the client is the best expert about the client, and the “architect” of the process. This therapy model assumes that the client is rational and capable of assuming responsibility of him/herself, as well as capable of making choices that can lead to independence, self-actualization and autonomy. It emphasizes the self, the environment, and the interactions between the two. The goal is an empathetic relationship between the client and the counselor, where the counselor offers empathy, genuineness, and unconditional

positive regard. The intent is to let the client do the leading and directing while the counselor follows the lead. This model is concerned with the client's perception of themselves and the situation, as opposed to the perception of the counselor or the outside world to the client. In this initial course of treatment, the concern is not the cause of behaviors or changing of the behaviors, but client's current experiences, feelings, and interactions. This therapy model consists of reflection, clarification, and summarization on the part of therapist, as well as confrontation in the sense of a verbal statement that nonjudgmentally challenges a client's statement. Some additional techniques utilized in this type of therapy include active listening, encouraging body language, and open-ended questions.

During the four sessions following the interview, Rex chooses to focus on his marriage, workplace issues, insomnia, drinking, and frequent anger issues. He talks about having a hard time taking direction from his immediate supervisor who is "still wet behind the ears," and has never "worked in the street." When asked if he feels as if his supervisor is not qualified for the position he currently holds, Rex responds, "some fancy Academy says he's qualified so I guess that means he is, but he has no clue what we deal with every day." He goes on to describe the incident from January 8th, which was listed on his Fitness For Duty Evaluation. He states that the civilian in question had called for police assistance due to a domestic disturbance, but when Rex attempted to remove the intoxicated and combative individual from the premises, the civilian who made the call proceeded to hit him and kick him. He states, "I pushed her away and she fell and that's somehow my fault? I could've arrested her for an assault on a police officer but I didn't."

When asked how the incident made him feel, he states that he was angry and frustrated because “that shit happens all the time. A couple gets in a fight and one of them calls the cops, but when we show up, we’re the bad guys.” He describes instances in which he often feels underappreciated at his workplace. He also states has nothing in common with his co-workers, “They’re all kids. They’re afraid of their weapons.” When asked to clarify, he talks about an individual at work who needs half an hour to disassemble and clean his handgun. He states, “It’s ridiculous. In combat you have three minutes to disassemble and reassemble your rifle. It’s not just a thing you carry on your hip, it’s your only means of survival.” He then goes on to describe the “phantom rifle,” he feels all the time, “It’s always there, when I’m walking down the street or driving or going grocery shopping. I can feel the strap of it on my shoulder.” He states that he’s worn the rifle in military service for so long it has become “like another arm.” When asked how he feels about the “phantom rifle,” he states that its presence is comforting because “everything about civilian life is so different. I don’t think I’ll ever get used to it.” He says that he knows he is being short with his co-workers, “I can hear myself when I talk to them and I know I sound angry but I don’t know how to make it stop.” Rex also talks about his marriage and his wife. He states that she is a nurse at the local hospital, and that due to her high-stress profession, he has always felt that he could talk to her about things that civilians wouldn’t understand. He states, “She works in the ER and they get all sorts of things, major car accidents, bullet wounds, the whole nine yards. She comes home with blood on her sneakers and it’s just another day at work for her.” He explains that they met while he was on a leave and were married a month later. He recalls their first date: “We

were at this fancy little restaurant, you know? And she's telling me all these things she does for work like major surgeries and stuff, like really gross details, and I'm telling her how I saw a guy step on an IED and get blown to pieces, and for us it was a normal dinner conversation but the waiters man, they all looked like they were gonna hurl." When prompted to talk about the years of marriage post military discharge, he states that things were different. According to Rex, they had never lived together longer than a year at a time due to his military service. He states that after the first couple of years post military discharge, they started arguing more often over "stupid stuff." He also states that she had gotten promoted at work to a unit manager, which resulted in longer hours and him having to take on more household responsibilities. When asked to describe the "stupid stuff," he states, "Nothing was ever good enough. I'd load the dishwasher but the plates weren't facing the right way. Or I'd do the laundry but I didn't fold the shirts the right way. Who cares which way the plates are facing?" When asked if he resented the additional responsibilities, he states, "Yeah, I guess. I mean, she was working 12-hour shifts like four times a week. I remember thinking: I got no sleep, I've gotta get Rose up and dressed and ready for school, drop her off at bus stop, head to work, and then when I get out I've gotta pick Rose up, stop and get groceries, make sure she eats, do the dishes, do the laundry, it was just a lot. And then she'd come home and complain the plates weren't facing the right way." When asked how that made him feel, he described feeling angry and resentful, as well as inadequate. He also states that they frequently fought over his drinking. He states the fights were always verbal, never physical. However, he does admit that he punched a wall once and made a hole in the plaster. He also admits that he

intentionally broke some dishes in the sink and cut his hand while doing it. The day prior to his spouse moving out, he states that they had gotten into an argument about the laundry and that he had thrown the laundry basket down the basement stairs with clean clothes still in it. His spouse is currently residing with her family in Mulberry, Florida. He states, “I think she was afraid of me towards the end there. I think she thought I was gonna hurt her or Rose.” He states that he never has any intentions of hurting anyone, but he also states, “I get so angry, you know? And it’s like I’m not thinking clearly when it happens.” He says that he sleeps poorly and often dreams of being in combat. He admits to feeling guilt about some aspects of his military service. He describes an incident during his deployment in the Bosnian Civil War where his job was to locate radio transmissions “for elimination.” He states that one of them was located in a church and that the village around the church was populated with civilians. He states, “It was a couple of hundred women and kids and elderly. And I pointed it out and said ‘right there.’ No survivors. That was on me.” He says that he entered the military with an idea of serving his country and doing the right thing, but claims that he suffered from disillusionment within his first two deployments. He claims that he stayed in military because he saw no other options and had no other training. He states, “After 9/11 everyone wanted to go kick some Taliban ass, all these new recruits were all gung ho, and it was all bullshit. I spent years in Afghanistan and Iraq, and I can’t tell you what the hell we did there except kill a bunch of people and get a bunch of our own killed.” When asked if he’s considered seeking any type of assistance after discharge, he says that he spent some time at the local VA center in voluntary groups. Asked to describe the

experience, he says, “It’s all old-timers there, talking about the Vietnam War and how their wars were different because they didn’t have all this equipment and weaponry we have. But at least they got to die when they were supposed to.” When asked to clarify that statement, he states, “These days they patch you up no matter what. Guys coming home with no arms, no legs, with their brains all scrambled. What kind of life is that? They’d be better off dead.”

After four weeks of Client Centered Therapy, the client is transitioned into Cognitive-Behavioral Therapy, a more hands-on approach to treatment. This approach is based on the premise that faulty thinking must be changed before effective behavior change can occur. The key concepts are rationality and responsibility. The technique is based on cognitive restructuring, or replacing faulty thinking with new, rational thinking. In this approach, the therapist continually unmasks the client’s faulty thinking by bringing it to their attention, and showing them how irrational thoughts are the basis of their problem. The plan of action includes identifying how the thoughts, ideas, feelings, attitudes and behaviors the client has shared so far affect his/her day to day life. A treatment plan and a set of goals to accomplish are agreed upon by the client and the therapist. The first step is the understanding of the disorders and why they co-occur. The rest involve teaching safe coping skills, challenging and countering negative thoughts, practicing positive behaviors, recognizing and challenging automatic thoughts, recognizing cognitive distortions, and deep breathing and relaxation techniques. The client is also given weekly ‘homework,’ which can consist of research on the disorder, a

weekly mood chart, blog posts, and possibly an anger diary to learn to recognize the warning signs as they occur.

In the first session, the goal is psychoeducation, to teach, normalize, and validate the symptoms of PTSD. Rex is provided worksheets explaining what the disorder entails, how it affects cognitive functioning, and an overview of neurobiological effects of trauma. When assured that he is not the only one having the experiences described in previous sessions, he admits that the couple of friends he has made in military whom he still speaks to on occasion, also have difficulties sleeping, and that one of them "drinks a lot." The components and structure of Cognitive-Behavioral Therapy are explained. The importance of attending weekly sessions is clarified, as well as the importance of doing the 'homework.' Rex seems willing to set reasonable goals and offers no resistance. In the following two sessions, the focus is on relaxation skills to minimize feeling "always on edge," and anger outbursts. The goal is to provide Rex with skills that he can use in his environment such as home and work. In order to identify and bolster those skills Rex is already using, he is encouraged to continue making furniture, listening to music, and reading, as well as any other hobbies he finds relaxing. Other techniques presented to Rex as possible relaxation methods include yoga, mindfulness, guided imagery, controlled breathing, and progressive muscle relaxation. Rex responds well to a biofeedback session, and those are continued for the first half of the subsequent sessions. His homework is a worksheet on progressive muscle relaxation. A session is spent on identifying surface feelings and underlying feelings, as well as the importance of stopping to think what was the source/cause of the feeling. Feelings associated with the

traumatic events are identified, as well as the difference between the feelings at the time of the event, versus thinking about them in present time. Rex admits that fear often causes him to feel angry. He states, "I feel like I try so hard to do everything right and keep everything under control, and then something always goes wrong anyway." He states that losing control of situation causes him to become angry and to lash out. He admits that the trauma he was subjected to during his deployments often made him feel powerless. He is helped to understand that he has the ability to change his feelings or behaviors by becoming aware of them. Cognitive Triangle is identified, and homework is a worksheet identifying thoughts, feelings, and behaviors in hypothetical, non-trauma related environments. In the following session, Rex evaluates ways trauma exposure may have changed his views of himself, the world, family, or future. He is encouraged to find new, more positive ways to think about the traumatic exposure, self, world, family, and future. This involves constantly replacing old thoughts with new thoughts. Rex states that he finds the process frustrating and tiring. He has a hard time not defining himself by the trauma experience. Homework is thought classification: accurate vs. inaccurate, helpful vs. unhelpful, regret vs. responsibility. After eight weeks he states that he is sleeping "too much now," and that he didn't think doing therapy and some homework during the week would make him so tired. He has informed his spouse that he is undergoing therapy and seems cautiously optimistic about the future.

Client Centered Therapy and Cognitive-Behavioral Therapy have played an equally important part in this particular treatment of this client. Client Centered Therapy was necessary to establish a counseling relationship with the client. Being genuine and

not playing the role of a 'helper,' allowed the client to focus on their own experiences, feelings and interactions. This counseling relationship allowed for an easy transition into Cognitive-Behavioral Therapy, which was necessary in order to replace the client's faulty thinking with new, rational thinking. It also made the client more receptive when it came to an agreement about the treatment plans and goals, because a positive working relationship was already established. The Cognitive-Behavioral Therapy not only teaches the client how to recognize and challenge negative thoughts and practice positive behaviors, but how to continue with this practice after the termination of therapy.

Disclaimer: I would like to state that some details of CBT techniques mentioned above cannot be found in the Effective Helping handbook, but are the result of years of personal study of the CBT techniques, and come from memory. I would also like to state that the alcohol use as a secondary diagnosis was not resolved due to restrictions of counseling techniques available. However, if alternate resources and workbooks were available for this case study, I would recommend the use of *Seeking Safety*, a technique integrating many CBT techniques, and developed for treatment of co-occurring SUD and PTSD.